

Fall 2021 BOYS' & GIRLS' Football Combine: Sat Program



All City Athletic Conference



Saturday Sept. 18th 8:00am-11:00am &
Saturday Sept. 25th 8:00am-11:00am

****Guardian signature required. HELD AT CONNOLLY****

Activity – Please clearly **CIRCLE** Your School AND Grade.

LAIRD 6th or 7/8th Connolly 6th or 7/8th FCP 6th or 7/8th Gililand 6th or 7/8th
Activity Code: 72638 72512 72513 72514

Registration Starts Aug. 15, 2021 – Sept 15, 2021

ACAC Boys' & Girls' Football Combine Registration

****PLEASE FILL OUT ALL INFORMATION AND PRINT CLEARLY****

STUDENT NAME: _____ Date of Birth _____

HOME ADDRESS: _____ APT # _____ City _____ Zip _____

*EMAIL ADDRESS: _____

*CELL PHONE NUMBER: _____

*HOME PHONE NUMBER _____

*PARENT/GUARDIAN'S NAME: _____ WORK PHONE: _____

***Emergency Contact Name: _____

Relationship? _____ (i.e. grandparent, parent, guardian)

Emergency Contact Phone Number: _____

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity.

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

PARENT NAME PRINT: _____ Date: _____

PARENT SIGNATURE: _____ Date: _____

YOU MUST SIGN BOTH SIDES INCLUDING ON BACK PAGE!



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IMPORTANT

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Based on current available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at a higher risk for severe illness from COVID-19. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Tempe has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you, your child(ren), or members of your group or organization will not become infected with COVID-19. Further, attending any City event, program, activity, reservation, rental, or facility may increase your or your child(ren)'s risk of contracting COVID-19.

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Acknowledgement of COVID-19 Risk. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my child(ren), or members of my group or organization may be exposed to, or infected by COVID-19 by participating in, utilizing, or attending any City event, program, activity, reservation, rental, or facility and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I acknowledge that older adults and people of any age who have serious underlying medical conditions are at a higher risk for severe illness from COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at a City event, program, activity, reservation, rental, or facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City officials, employees, volunteers, and other program participants, attendees, users, and their families.

Waiver. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, my child(ren) or members of my group or organization, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or they may experience or incur in connection with participation, attendance, or use of a City facility, event, program, activity, reservation, or rental. I hereby release, covenant not to sue, discharge, and hold harmless the City, its officials, employees, agents, and representatives, of and from any claim that may arise from or in connection with my, my child(ren) or members of my group or organization's participation or attendance in any City event, program, activity, reservation or rental, including claims related to COVID-19. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation or attendance at in any City event, program, activity, reservation or rental.

Compliance with COVID-19 Protections. By participating in, utilizing, or attending the City facility, event, program, activity, reservation or rental, I agree that I, my children or members of my group or organization will fully comply with all federal, state, county and City laws, including executive orders and proclamations, and to strictly follow the protocols as directed by the Centers for Disease Control and Prevention and the Arizona Department of Health Services, arising from, addressing or related to COVID-19 and/or any other threats to public health.

Participant's Name

Parent or Guardian Name if Participant is under 18

Signature of Participant _____ Date _____
(Parent or Guardian if Participant is under 18)